UBL FUND MANAGERS - INVESTMENT APPLICATION FORM

UBL Fund Managers Limited
5th Floor, Office Tower, Techno City,
Hasrat Mohani Road, Karachi - Pakistan
UAN: 111-825-262, Fax: (021) 2214930
Website: www.UBLfunds.com

BMA FINANCIAL SERVICES LTD

UBL Fund Managers
Savings | Mutual Funds | Advisory

Customer ID

Please complete the Application Form in block letters. If you need any assistance while filling out the form call us on 0800-00026.

UNIT HOLDER DETAILS

For Individual Investors

Name (Mr/Mrs/Ms)
Father / Husband Name
CNIC
Gender Male ☐ Female ☐
Nationality
Non-Resident Pakistani ☐
Zakat Exemption Yes ☐ No ☐
Occupation
Name of Guardian (for minor applicant)
Relation with minor
Date of Birth (of minor applicant)

For Corporate/Institution/Trust/Other Non-Individual

Entity Name (Messers)
NTN
Status / Category

Commercial Bank	☐	Pension Fund	☐
Insurance Company	☐	Provident Fund	☐
Trust	☐	DFI	☐
NGO	☐	Other _____	
NBFI	☐		

CONTACT PERSON DETAILS

Name | Telephone
E-mail

CONTACT DETAILS

Postal Address
Tel (Res) | Tel (office) | Fax
Mobile No. | E-mail

JOINT APPLICANT DETAILS

Name of Joint Applicant		Specimen Signature
1. Mr/Mrs/Ms	CNIC	
2. Mr/Mrs/Ms	CNIC	
3. Mr/Mrs/Ms	CNIC	

OPERATING INSTRUCTIONS

First Named Joint Holder only ☐ All Joint Holders ☐ Either or Survivor ☐ Other (Please Specify)

NOMINATION DETAILS

Name of Nominee | Relation with Unit Holder
Address | CNIC

INVESTMENT DETAILS

Name of Fund	Type of Units	Investment Amount (Rs.)
1. United Money Market Fund (UMF)		
2. United Growth & Income Fund (UGIF)		
3. United Stock Advantage Fund (USF)		
4. United Composite Islamic Fund (UCIF)		
5. United Islamic Income Fund (UIIF)		
6.		

Mode of Payment Cheque ☐ Pay-order ☐ Demand Draft ☐ Online Account Transfer (only for UBL A/c Holders) ☐

Drawn on (Name of Bank & Branch) | Instrument Number

Note: - Cheque/Pay-order/Demand Draft to be made in favor of the Fund. For e.g. In case of investment in UGIF, payment will be made in favor of 'CDC Trustee United Growth & Income Fund' and crossed 'Payee Account' only.
- For investment in multiple funds, Cheque/Pay-order/Demand Draft needs to be made seperately for each Fund.

BANK ACCOUNT DETAILS

Bank Account No. | Bank Name & Branch Code
Bank Address | Bank Telephone

REGULAR PROFIT OPTION - INCOME UNITS

I/We would like to receive the profit payment with the following selected frequency, and also understand that the distributable amount shall be decided by the Management Company at the end of each relevant period in accordance with the Trust Deed of the Fund.

Name of Fund	Frequency
1.	Monthly ☐ Quarterly ☐ Half-Yearly ☐ Annually ☐ On Encashment ☐
2.	Monthly ☐ Quarterly ☐ Half-Yearly ☐ Annually ☐ On Encashment ☐

I/We would like to receive the encashment amount in the form of a: Cheque ☐ Pay-order ☐ Online Account Transfer (only for UBL A/c Holders) ☐

Bank Details

Bank Account No. | Bank Name & Branch Code
Bank Address | Bank Telephone

DIVIDEND DISTRIBUTION OPTION

I/We wish to receive distributions (if any) as follows:

Profit Distributions Reinvested in Fund ☐ Profit Distribution in form of cash ☐

Note: If no box is checked, all distributions will be reinvested in the Fund(s).

SYSTEMATIC INVESTMENT PLAN (SIP)

Name of Fund	Frequency		Start Date	End Date	Amount (Rs.)
1. United Money Market Fund (UMF)	Monthly ☐	Quarterly ☐			
2. United Growth & Income Fund (UGIF)	Monthly ☐	Quarterly ☐			
3. United Stock Advantage Fund (USF)	Monthly ☐	Quarterly ☐			
4. United Composite Islamic Fund (UCIF)	Monthly ☐	Quarterly ☐			
5. United Islamic Income Fund (UIIF)	Monthly ☐	Quarterly ☐			
6.	Monthly ☐	Quarterly ☐			

Debit Authority

1. Through Post Dated Cheques ☐
2. In favour of Fund (Standing Instruction to Bank) ☐
3. In favour of the Fund (Standing Instructions to HR) ☐

Instructions

In option 1, you will have to submit 12 (for monthly) or 4 (for quarterly) Post Dated Cheques at the time of investment for a year.
In option 2, you have to give standing instructions to your bank to debit the mentioned amount from your account in favour of the Fund(s).
In option 3, you have to give standing instructions to the Human Resource (HR) Manager of your company to debit the mentioned amount directly from your salary and credit in favor of the Fund(s). (If arrangement has been made with UBL Fund Managers).

UNITS MODE OF HOLDING

☐ Account Statement
☐ Unit Certificate(s)

Units will be issued in registered, non-certificate form and will be confirmed by means of an Account Statement issued by the Registrar. Certificate(s) will be issued only if requested and on payment of Rs.25/- per certificate. Payment for certificate(s) may be combined with the payment for unit(s). Unless indicated by the applicant, minimum number of certificates will be issued. Certificates will only be issued for whole number units, not including fractional units (if any).

1. It is clarified that whichever option the Unit Holder opts for, there are procedures laid down in each case for encashment and transfer of units.
2. Unit certificates (if requested) and account statement will be dispatched at the registered address within 15 days of the realization of funds.
3. Account Statement will normally be issued at the time of account movement, i.e. at purchase, redemption and profit payment. If the Unit Holder requires any other frequency, he/she is requested to intimate the registrar accordingly in writing.

ADDITIONAL STATEMENTS (OPTIONAL)

Additional Statement required in the form of Physical Delivery ☐ E-mail ☐ Please specify E-mail address:

If you want to specify any other address for additional Account Statements please specify below.

Name | CNIC

Address

Additional Instructions (if any)

DECLARATION

I/We have read and understood the relevant Trust Deed(s) and Offering Document(s) of the respective Fund(s) and I/We hereby apply for Units of the Fund(s) and agree to abide by the terms, conditions, rules and regulations. I/We have carefully read and completed all applicable sections of this Application Form prior to submission.

Applicant Signature (*)

Date _____

* Rubber Stamp in case of Institutional Clients

Joint Applicant(s) Authorized Signature(s)

Date _____

DISTRIBUTION DETAILS (For office use)

Distributor	Name of Agent	
Sub Agent	Reference No.	City

GUIDELINES & APPLICATION CHECKLIST

1. In case of partnership firm or trust, application shall be made in the name of partners or trustees.
2. It should be the responsibility of the applicant to pay all stamp and other duties and taxes in relation to the units acquired by him/her.
3. Copies of the following documents are required to be attached with the application for purchase of units.

For Individuals

☐ CNIC/Passport/Residence Permit ☐ Zakat Affidavit (in case of exemption)

For Companies/Trust/Statutary Bodies (for first time investors or in case of any ammendments in these documents)

☐ Memorandum & Articles of Association/Bye Laws/Trust Deed
☐ Power of Attorney or other document authorizing the officer(s) signing the application
☐ CNIC/Passport (s) of the authorized signatory officer(s)
☐ Board Resolution authorizing Investment
☐ Cheque/Pay-order/Demand Draft/Transfer

4. Applications by foreign nationals and non-resident companies/individuals shall be accepted subject to existing laws provided the subscription amount is paid by means of a remittance through banking channels or through means permitted by the State Bank of Pakistan.